

Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 12/10/25

ONSITE SEWAGE DISPOSAL SYSTEM

P 590295

INSTALLATION APPROVAL DATE: 1/13/26

PERMIT MINOR REPAIR

A

PROPERTY ADDRESS: 6495 Heather Glen Way

SUBDIVISION: Willow Pond LOT: 6 TAX ID:

CONTRACTOR: Chris Basciano #01892 EMAIL:

CONTRACTOR ADDRESS: 502 Carrick Lane, Severn, MD 21144 PHONE: 443-618-0806

PROPERTY OWNER: Denise and Philip Green EMAIL:

OWNER ADDRESS: 6495 Heather Glen Way, Clarksville, MD 21029 PHONE:

NUMBER OF BEDROOMS: 4 SEPTIC TANK SIZE: DRAINFIELD SIZE/TYPE:

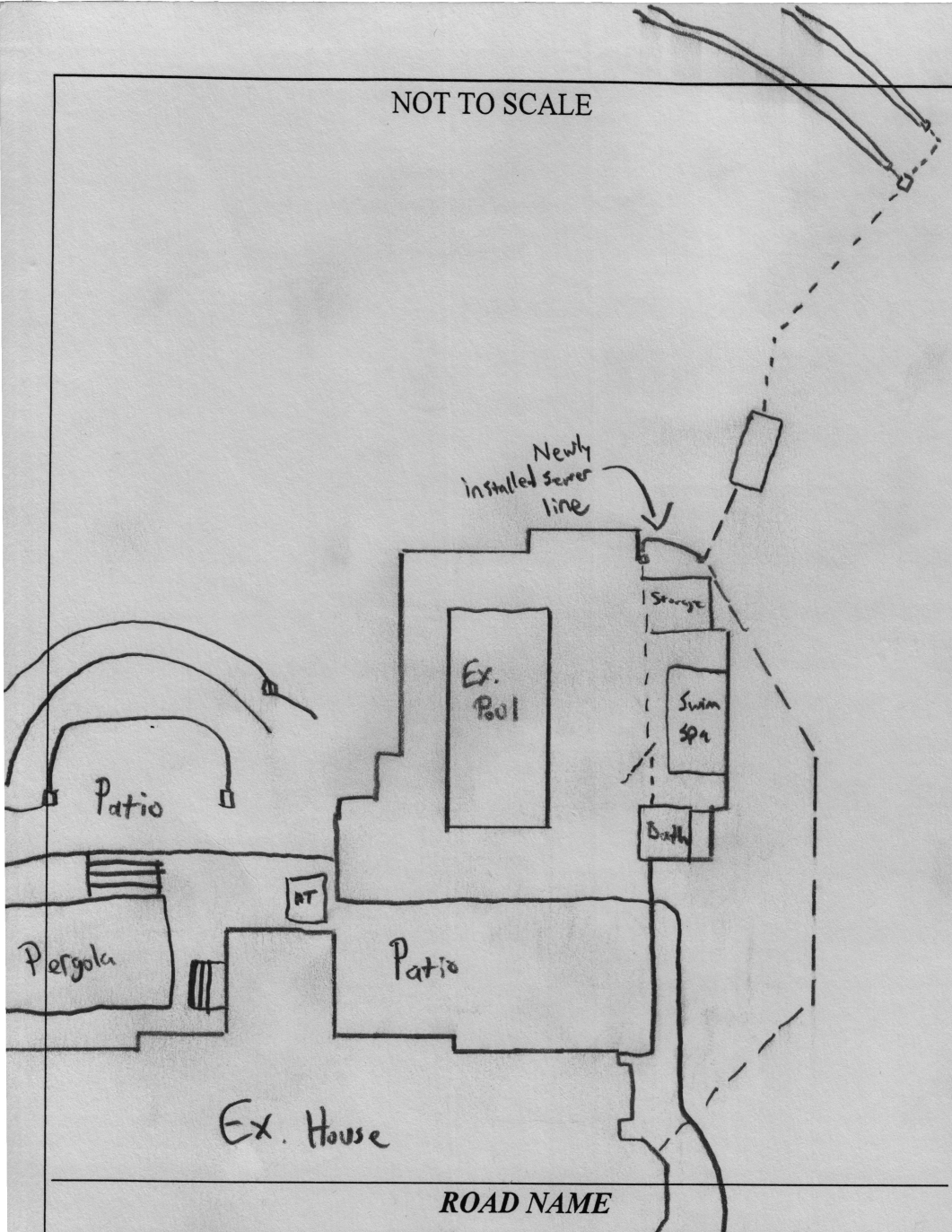
Table with 2 columns: LOCATION, NOTES. Note: Install Per Approved Plan

ISSUED BY: DBernard ISSUE DATE: 12-10-25 EXPIRATION DATE: 12-10-26

- NOTE: CONTRACTOR REGISTERED WITH THE STATE OF MD ON-SITE WASTEWATER PROFESSIONALS BOARD: CONFIRMED
NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM. PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT. CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM.

NOT TO SCALE



TRENCH/DRAINFIELD DATA

| WIDTH | INLET | BOTTOM |
|-------------------------|-----------------|-----------------|
| <u>Existing</u> | <u>Existing</u> | <u>Existing</u> |
| NUMBER OF TRENCHES | | |
| TOTAL LENGTH | | |
| ABSORPTION AREA | | |
| DISTRIBUTION BOX LEVEL | | |
| DISTRIBUTION BOX BAFFLE | | |
| DISTRIBUTION BOX PORT | | |

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Existing

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL N/A

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

CONTROL PANEL DATA

CONTROL PANEL HEIGHT N/A
(MIN 30")

INSPECTION DATE _____

INSPECTION: PASS/FAIL (CIRCLE ONE)

SEPTIC CONTRACTOR ONSITE INSTALLING SYTEM: Chris Basciaga

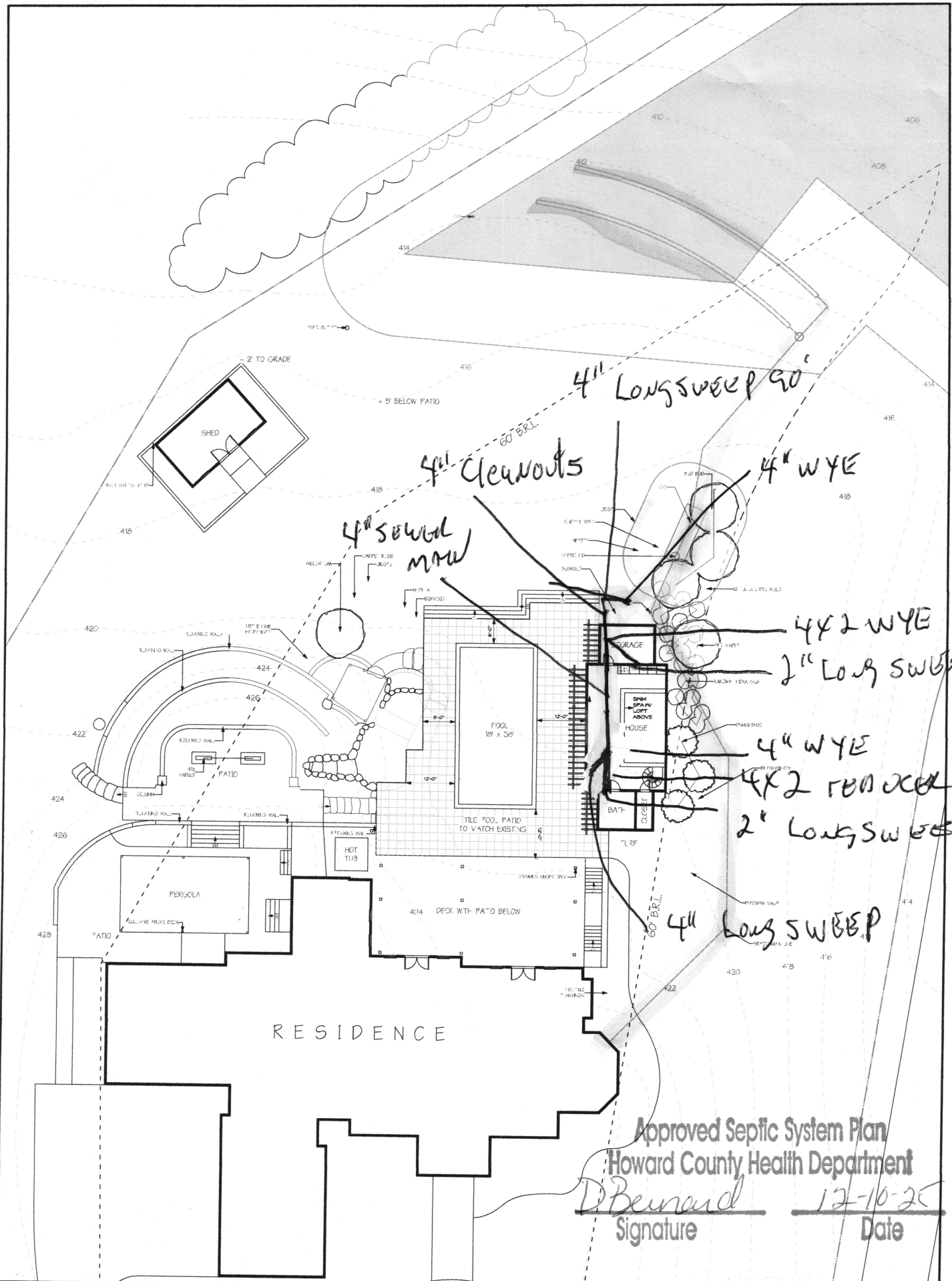
SEPTIC CONTRACTOR ONSITE LICENSED WITH THE STATE OF MD: YES/NO

PRE-CONSTRUCTION NOTES:

INSTALLATION NOTES: 54

1/12/26 Contractor tied in line with 1/2" Fall to septic line. Installed clean over also. OK to backfill. (MB)

FINAL INSPECTOR M. Burns DATE OF APPROVAL 1/13/26



Approved Septic System Plan
 Howard County Health Department

D. Bernard
 Signature

12-10-25
 Date

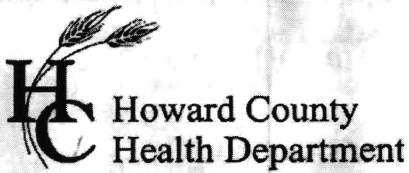
| |
|------------------------|
| SCALE: 1/8"=1'-0" |
| DATE: OCTOBER 16, 2024 |
| REVISION DATE: |
| 11.11.2024 |
| SHEET NO. 1 OF 1 |

GREEN RESIDENCE
 6495 HEATHER GLEN WAY
 CLARKSVILLE, MARYLAND

PRELIMINARY SITE PLAN



McHALE
 LANDSCAPE
 DESIGN, INC.
 111 WEST STREET
 ANNAPOLIS, MD 21401
 410.293.8888
 FAX 410.293.8899
 www.mhalelandscape.com



Bureau of Environmental Health
 7178 Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 12/05/12

ONSITE SEWAGE DISPOSAL SYSTEM

P 538142

INSTALLATION APPROVAL DATE: 5/10/12

**PERMIT
CONSTRUCTION**

A _____

PROPERTY ADDRESS: 6495 Prestwick Drive

SUBDIVISION: Willow Pond

LOT: 6

TAX ID: 05-593279

CONTRACTOR: Hatfield's Equipment

EMAIL: _____

CONTRACTOR ADDRESS: P.O. Box 519, Annapolis Junction, MD 20701

PHONE: 301-490-4289

PROPERTY OWNER: Greenfield Homes

EMAIL: _____

OWNER ADDRESS: 6656 Luster Drive, Highland, MD 20777

PHONE: 410-781-6782

SEPTIC TANK SIZE (GALLONS): 2000

PUMP CHAMBER CAPACITY (GALLONS): _____

PUMP SIZE: _____

NUMBER OF BEDROOMS: 4

HOUSE SQ. FT. >3500

APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED

LOW PRESSURE DOSED

| | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| TRENCHES: | LINEAR FEET REQUIRED: <u>125'</u> | INLET DEPTH: <u>4' 3"</u> |
| | TRENCH WIDTH: <u>3' 2"</u> | MAXIMUM BOTTOM DEPTH: <u>7'</u> |
| | MINIMUM SPACE BETWEEN TRENCHES: <u>9'</u> | EFFECTIVE AREA BEGINNING DEPTH: <u>4'</u> |
| LOCATION: | PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION. | |
| NOTES: | Set septic tank per plan. Set distribution box per plan. Install 3 x 42' trenches on contour. <i>~73' tan - 79' tan.</i> | |

ISSUED BY: Heidi Scott

ISSUE DATE: 4/8/13

EXPIRATION DATE: 12/28/14

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRAIDENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

See Seperate sheet
For As-Built

ROAD NAME

TRENCH/DRAINFIELD DATA

| | | |
|-------------------------|-------|----------|
| WIDTH | INLET | BOTTOM |
| 2' | 3' | 7' |
| NUMBER OF TRENCHES | | 2 |
| TOTAL LENGTH | | |
| ABSORPTION AREA | | |
| DISTRIBUTION BOX LEVEL | | Levelers |
| DISTRIBUTION BOX BAFFLE | | Yes |
| DISTRIBUTION BOX PORT | | Yes |

SEPTIC TANK DATA

| | |
|------------------------|----------|
| SEPTIC TANK 1 LEVEL | Yes |
| MANUFACTURER | Babylon |
| CAPACITY | 2000 GAL |
| SEAM LOC | Top |
| TANK LID DEPTH | 3' |
| BAFFLES | Yes |
| BAFFLE FILTER | - |
| MANHOLE LOC | Front |
| 6" PORT LOC | Rear |
| WATERTIGHT TEST | - |
| SLOTTED | Yes |
| DATE ON LID | |
| PUMP/SEPTIC TANK LEVEL | N/A |
| MANUFACTURER | |
| CAPACITY | GAL |
| SEAM LOC | |
| TANK LID DEPTH | |
| BAFFLES | |
| BAFFLE FILTER | |
| MANHOLE LOC | |
| 6" PORT LOC | |
| WATERTIGHT TEST | |
| SLOTTED | |
| DATE ON LID | |

PRE-CONSTRUCTION:

5/7/13 Heavy rain's difficult layout inspection. Set SIT per approved bp design. Set Dbox just outside SRA stake run 2 trenches back across septic area stretching far as possible. (KW)

INSTALLATION:

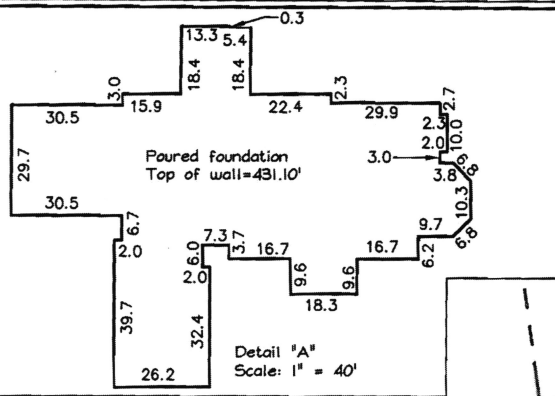
5/9/13 SHE ran to tank. 1.5% held through out. Tank set per plan. Digging lower trench. OK to backfill work up to Dbox. 5/10/13 Trenches complete. Dbox leveled. Everything installed as planned. OK to cover all work. Well line, inspected. OK.

FINAL INSPECTOR

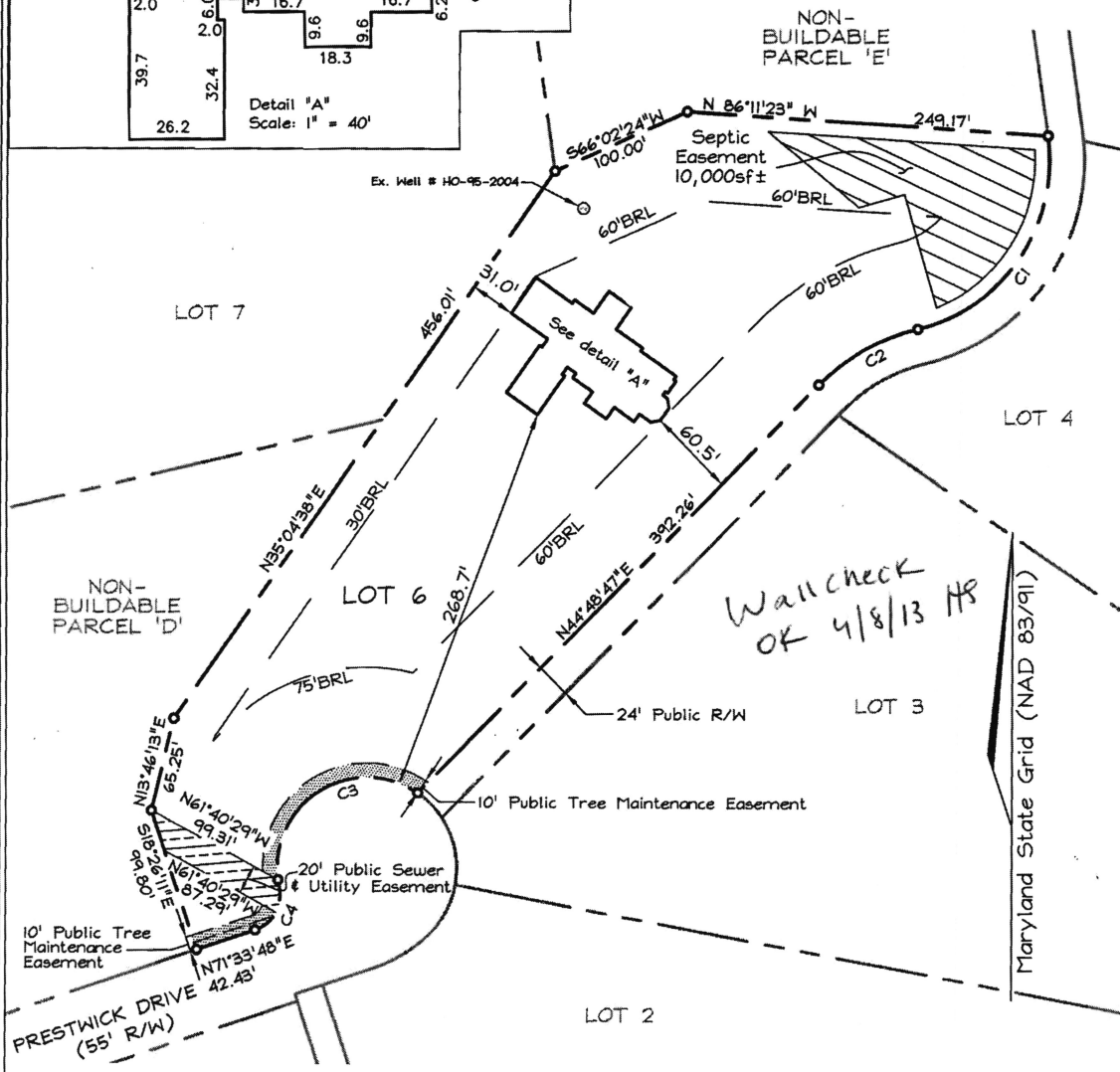
J. Hoff

DATE OF APPROVAL

5/10/13



| Curve Table | | | | |
|-------------|---------|---------|------------|---------------------|
| Curve # | Radius | Length | Delta | Chord |
| C1 | 118.00' | 174.57' | 084°45'42" | S34°17'45"W 159.08' |
| C2 | 142.00' | 79.04' | 031°53'27" | S60°45'30"W 78.02' |
| C3 | 62.00' | 147.52' | 136°19'26" | S55°39'48"W 115.10' |
| C4 | 25.00' | 36.68' | 084°03'44" | S29°31'57"W 33.48' |

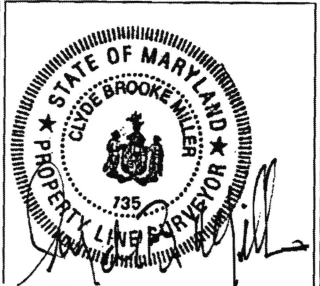


DIMENSIONS FROM FOUNDATION WALL TO PROPERTY LINE ARE +/-0.1'.
 ADDRESS No.: 6495 Prestwick Drive Lot 6 WILLOW POND
 TOP OF WALL ELEV. = 431.10'
 THIS LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
 THIS LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
 THIS LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

FSH Associates
 Engineers Planners Surveyors
 6339 Howard Lane, Elkridge, MD 21075
 Tel: 410-567-5200 Fax: 410-796-1562
 E-mail: FSHERI.COM

Professional Certification. I hereby certify that these documents were prepared by me or under my responsible charge, and that I am a duly licensed property line surveyor under the laws of the State of Maryland, License No. 135, Expiration Date: April 12, 2014.

| WALL CHECK | |
|------------|----------------|
| FOUNDATION | Date: 03/14/13 |
| FINAL | Date: |
| DRAWN BY: | KJB |
| SCALE: | 1"=100' |
| W.O. No.: | 3199 |



LOT 6
WILLOW POND
#6495 PRESTWICK DRIVE
 MDR PLAT No. 21629
 TAX MAP 34 GRID 17 PARCEL 444
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

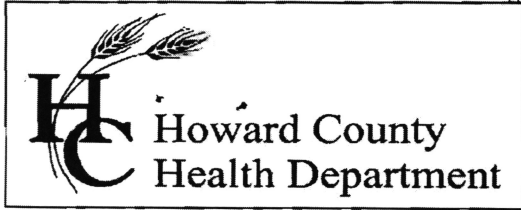
0495 Prestwick Drive
0498

Clerk of the Circuit Court for
Howard County
Land Records/Licensing

The Thomas Dorsey Building
9250 Bendix Road
Columbia, MD 21045
410-313-5850

=====
LR - Agreement Recording Fee
1x 20.00 20.00
Grantor/Grantee Name: Hong
Reference/Control #: 39
LR - Agreement Surcharge
1x 40.00 40.00
LR - Agreement Recording Fee
1x 20.00 20.00
Grantor/Grantee Name: Green
Reference/Control #: 40
LR - Agreement Surcharge
1x 40.00 40.00
=====
SubTotal: 120.00
Total: 120.00
=====
REV-Check-BOA
Number : 8134 120.00
=====

07/30/2014 07:59 CC13-NN
#3100480 /494/109
Thank you for visiting us today~



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-1771 | Fax: 410-313-2648

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Twitter: HowardCoHealthDep

40

Maura J. Rossman, M.D., Health Officer

AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Philip and Denise Green ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 6495 Prestwick Drive, Clarksville, MD 21029 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 0034, Block # 0017, Parcel # 0444, Deed Reference # 14637/00041 and Tax Account # 05-593279 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have an individual well as the source of drinking water for the residence of the property.

20
40
M

WHEREAS, the Owner has installed a residential drinking well under well permit **HO-95-2004** that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi /L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.

2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).
3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta (short and long term) and radium 226 / 228 levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warrant nor guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

29 July, 2014
Date

7/29/14
Date

7/29/2014
Date

[Signature]
Witness

Witness

[Signature] PHILIP GREEN
Owner

[Signature] DENISE GREEN
Owner

[Signature]
Howard County Health Department

PHILIP & DENISE GREEN

LIBER 15707 FOLIO 320

LR - Agreement
Recording Fee 20.00
Grantor/Grantee Name:
Green
Reference/Control #: 40
LR - Agreement
Surcharge 40.00

SubTotal: 60.00

Total: 120.00
07/08/2014 05:00
0013-NY
#3100450 000503 -
Howard Co
Columbia/0095.03.02 -
Register 22